

PART B - FEE(S) TRANSMITTAL

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_____ (Inventor's name)
_____ (Signature)
_____ (Date)

55952 75991 04/29/2010
SJM/AFD-WILEY
Legal Department
One St. Jude Medical Drive
St. Paul, MN 55117-9913

APPLICATION NO	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/613,794 07/02/2003 Guy Vanney 08-044900US-82410195 7352

TITLE OF INVENTION: ABLATION CATHETER ELECTRODE ARRANGEMENT

APPL. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional NO \$1510 \$300 \$0 \$1810 07/29/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
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PEEPLEY, MICHAEL F 3739 606-041000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

☐ Change of correspondence address (for Change of Correspondence Address form PTO/SB/122) attached
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/127, Rev. 03-02, or more recent) attached. Use of a **Customer Number is required.**

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents, OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Wiley Rein LLP

2. _____
 3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE: **St. Jude Medical, Atrial Fibrillation Division, Inc., St. Paul, MN 55117-9913**
 (B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies _____

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5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature /John M. Berns/

Date 28 July 2010

Typed or printed name John M. Berns

Registration No. 43,496

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